

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          | 6      | 11-27-01 |
| FORMALITY REVIEW          |          |        |          |
| RESPONSE FORMALITY REVIEW |          |        |          |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date           |
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| Final Original | 11 08<br>02 03 |
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| Claim          | Date  |
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| Claim          | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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